



Docket No. 59154-AZ/JPW/GJG/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Virginia W. Cornish
 Serial No. : 10/705,644 Examiner: H. A. Robinson
 Filed : November 10, 2003 Group Art Unit: 1656
 For : AN IN VIVO SCREEN USING CHEMICAL INDUCERS
OF DIMERIZATION

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 22, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

x Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 23 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	2 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>x</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

 X One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

8 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes x No)

and a fee of \$ 180.00 included)

_____ A Petition for an Extension of Time, including a fee of
\$_____ for a Petition for _____ Month(s) Extension of Time

_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ **180.00**

 x A check in the amount of \$ 180.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

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